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B1 (Official F	Form 1)(12	/11)											
			United iddle Dis								Volu	ntary	Petition
Name of Del Tyner, R			er Last, First	, Middle):			Name	of Joint De	ebtor (Spouse	e) (Last, First,	Middle):		
All Other Nat				8 years					used by the J			ears	
`	(include married, maiden, and trade names): AKA R. Matt Tyner; AKA Matt Tyner				(meiu	ac married,	, maraem, ana	trade names)	•				
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) **xxx-xx-2348**					EIN Last for (if more	our digits o than one, state	f Soc. Sec. or	r Individual-T	Caxpayer I.D.	(ITIN) No	o./Complete EIN		
Street Address	ss of Debto	,		and State)	:		Street	Address of	f Joint Debtor	(No. and Str	eet, City, and	l State):	
1031 Fou Athens,		ake Driv	re										
					Γ.	ZIP Code 30606	e						ZIP Code
County of Re	esidence or	of the Princ	cipal Place o	f Busines:		30000	Count	y of Reside	ence or of the	Principal Pla	ce of Busine	ss:	
Oconee													
Mailing Addı	ress of Deb	tor (if diffe	rent from str	eet addres	ss):		Mailir	ng Address	of Joint Debt	tor (if differer	nt from street	address):	
					_	ZIP Code	e						ZIP Code
Location of F	Principal As	ssets of Bus	siness Debtor										
(if different fi													
(Form o	Type of	Debtor	one hov)			of Busines	S		-	of Bankrup Petition is Fi	•		h
Individua	ıl (includes	Joint Debto	ors)		lth Care Bu	siness		■ Chapt		eution is ri	ieu (Check of	ne box)	
See Exhibit	it D on page ion (include			in 1	gle Asset Re 1 U.S.C. §		s defined	efined Chapter 9 Chapter 15 Petition for Recognition of a Foreign Main Proceeding					
☐ Partnersh	ip			☐ Rail	road ekbroker			☐ Chapt		☐ Ch	napter 15 Peti	ition for Re	ecognition
Other (If o	box and state			☐ Con	nmodity Bro	oker		☐ Chapt	ter 13	of	a Foreign No	onmain Pro	oceeding
	Chantar 1	5 Debtors		Oth	aring Bank er					Nature	of Debts		
Country of del	-		rests:			mpt Entit		☐ Debts (ara primarily co	(Check	one box)	Debte	are primarily
Each country i	in which a fo	oreign procee	eding		(Check box, if applicable) ☐ Debtor is a tax-exempt organizatio			defined in 11 U.S.C. § 101(8) as business debts.					
by, regarding,	or against de	ebtor is pend	ing:		er Title 26 of e (the Interna								
_			heck one bo	κ)		_ I	one box:		•	ter 11 Debto			
Full Filing									debtor as defir ness debtor as o			D).	
	ed application	on for the cou	art's considerat	ion certifyi	ng that the			regate nonco	ontingent liquida	ated debts (exc	luding debts ov	wed to inside	ers or affiliates)
Form 3A.	nable to pay	fee except ir	n installments.	Rule 10060	(b). See Offic	1ai	are less than	\$2,343,300 (e years thereafter).
☐ Filing Fee			able to chapter			ıst 🗆	all applicable A plan is being	ng filed with					
attach sigh	ied applicatio	on for the cot	irt's considerai	ion. see Oi	iliciai Polili 3				vere solicited pr S.C. § 1126(b).		one or more cl	lasses of cre	ditors,
Statistical/A				6 11			11.			THIS	SPACE IS FO	R COURT U	USE ONLY
☐ Debtor es ☐ Debtor es there will	stimates tha	t, after any		erty is ex	cluded and	administra		es paid,					
Estimated Nu	ımber of Cı	reditors											
1- 49	50- 99	100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000				
Estimated As				-	, -		, -	* * * *		1			
\$0 to	\$50,001 to	\$100,001 to	\$500,001	\$1,000,001	\$10,000,001	\$50,000,001	\$100,000,001						
\$50,000	\$100,000	\$500,000	to \$1 million	to \$10 million	to \$50 million	to \$100 million	to \$500 million	to \$1 billion	\$1 billion]			
Estimated Lia													
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion					

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B1 (Official Form 1)(12/11) Page 2 Name of Debtor(s): **Voluntary Petition** Tyner, Robert Matthew (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Date Filed: Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., have informed the petitioner that [he or she] may proceed under chapter 7, 11, forms 10K and 10Q) with the Securities and Exchange Commission 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in П this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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B1 (Official Form 1)(12/11)
Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

▼ /s/ Robert Matthew Tyner

Signature of Debtor Robert Matthew Tyner

X.

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

December 5, 2011

Date

Signature of Attorney*

X /s/ Paul Reece Marr

Signature of Attorney for Debtor(s)

Paul Reece Marr GA Bar # 471230

Printed Name of Attorney for Debtor(s)

Paul Reece Marr, P.C.

Firm Name

Suite 960 300 Galleria Parkway Atlanta, GA 30339

Address

Email: pmarr@mindspring.com

(770) 984-2255

Telephone Number

December 5, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Tyner, Robert Matthew

Signatures

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Dat

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

 \mathbf{v}

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Middle District of Georgia, Athens Division

In re	Robert Matthew Tyner		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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ID (Official Form 1, Exhibit D) (12/09) - Cont.	ge 2
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, of through the Internet.); ☐ Active military duty in a military combat zone.	or
☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling quirement of 11 U.S.C. § 109(h) does not apply in this district.	
I certify under penalty of perjury that the information provided above is true and correct.	
Signature of Debtor: /s/ Robert Matthew Tyner Robert Matthew Tyner	
Date: December 5, 2011	

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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Middle District of Georgia, Athens Division

In re	Robert Matthew Tyner		Case No.	
_		Debtor		
			Chapter	7
			•	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	300,000.00		
B - Personal Property	Yes	3	33,629.87		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	3		731,597.36	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		207,943.20	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8		283,780.94	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	3			
I - Current Income of Individual Debtor(s)	Yes	1			5,440.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			5,437.27
Total Number of Sheets of ALL Schedu	ıles	25			
	To	otal Assets	333,629.87		
			Total Liabilities	1,223,321.50	

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Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Middle District of Georgia, Athens Division

Robert Matthew Tyner	Case No.	
D	ebtor Chapter 7	
STATISTICAL SUMMARY OF CERTAIN LIA	ABILITIES AND RELATED DATA (28 U.S.	C. § :
If you are an individual debtor whose debts are primarily consumer dea case under chapter 7, 11 or 13, you must report all information reque	bts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § sted below.	§ 101(8
■ Check this box if you are an individual debtor whose debts are report any information here.	NOT primarily consumer debts. You are not required to	
This information is for statistical purposes only under 28 U.S.C. § Summarize the following types of liabilities, as reported in the Sch		
Type of Liability	Amount	
Domestic Support Obligations (from Schedule E)		
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)		
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)		
Student Loan Obligations (from Schedule F)		
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E		
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)		
TOTAL		
State the following:		
Average Income (from Schedule I, Line 16)		
Average Expenses (from Schedule J, Line 18)		
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)		
State the following:		
Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

101(8)), filing

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B6A (Official Form 6A) (12/07)

In re	Robert Matthew Tyner	Case No	
-	-	Debtor ,	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and **Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

residence, hou	use and lot, 1031 Founder's Lake	fee simple	J	300,000.00	350,088.46
Des	scription and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim

Sub-Total > 300,000.00 (Total of this page)

300,000.00 Total >

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B6B (Official Form 6B) (12/07)

In re	Robert Matthew Tyner		Case No.	_
		Debtor,		

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	cash on hand	н	30.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X		
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings, including audio, video, and computer equipment.	household goods and furnishings	J	2,000.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6.	Wearing apparel.	wearing apparel	н	500.00
7.	Furs and jewelry.	x		
8.	Firearms and sports, photographic, and other hobby equipment.	X		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	term life insurance policy with The Cincinnati Life Insurance Company	• H	0.00
10.	Annuities. Itemize and name each issuer.	X		
		(To	Sub-Tot tal of this page)	al > 2,530.00

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re	Robert Matthew Tyner	Case No
		

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

			(Continuation Sheet)		
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	х			
12.	Interests in IRA, ERISA, Keogh, or		401k	н	25,000.00
	other pension or profit sharing plans. Give particulars.		IRA	н	6,099.87
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.		100% shareholder, Heritage Construction Group, LLC, a GA limited liability corporation	Н	0.00
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.				
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Tot	al > 31,099.87
			(Tota	al of this page)	31,000101

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re	Robert Matthew Tyner	Case No.
	-	,

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > 0.00 (Total of this page)

Total >

33,629.87

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/10)

In re	Robert Matthew Tyner	Case No	
-		Debtor ,	

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property residence, house and lot, 1031 Founder's Lake Drive, Athens, GA 30606	Ga. Code Ann. § 44-13-100(a)(1) Ga. Code Ann. § 44-13-100(a)(6)	10,000.00 570.00	300,000.00
Cash on Hand cash on hand	Ga. Code Ann. § 44-13-100(a)(6)	30.00	30.00
<u>Household Goods and Furnishings</u> household goods and furnishings	Ga. Code Ann. § 44-13-100(a)(4)	2,000.00	2,000.00
Wearing Apparel wearing apparel	Ga. Code Ann. § 44-13-100(a)(4)	500.00	500.00
Interests in IRA, ERISA, Keogh, or Other Pension		400%	05 000 00
401k	Ga. Code Ann. § 44-13-100(a)(2.1)	100%	25,000.00
IRA	Ga. Code Ann. § 44-13-100(a)(2.1)	100%	6,099.87

Total: 44,199.87 333,629.87

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B6D (Official Form 6D) (12/07)

In re	Robert Matthew Tyner	Case No.	
-		Dobtor,	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)		D I	Hus H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN		DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.				06/30/2010	Т	T E D			
Andrew Clyde & Clyde Armorylnc c/o J. Barrett Malone, Esq. 490 North Milledge Avenue Athens, GA 30601		x I	н	business related judgment residence, house and lot, 1031 Founder's Lake Drive, Athens, GA 30606					
	_	4	\bot	Value \$ 300,000.00				62,869.12	36,745.92
Account No. 2001437259 Citimortgage Inc Po Box 9438 Gaithersburg, MD 20898			-	Opened 11/24/03 Last Active 7/01/11 Mortgage					
			Ì	Value \$ Unknown				267,277.00	267,277.00
Account No. 2001437259-1 CitiMortgage, Inc. PO Box 660065 Dallas, TX 75266-0065		x .		mortgage residence, house and lot, 1031 Founder's Lake Drive, Athens, GA 30606					
			İ	Value \$ 300,000.00				273,876.80	0.00
Account No. 42152581 Ford Cred PO Box Box 542000 Omaha, NE 68154			н	additional notice					
		\perp		Value \$ 0.00	Ļ	_	Ц	0.00	0.00
2 continuation sheets attached				S (Total of th		ota pag	-	604,022.92	304,022.92

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Robert Matthew Tyner	Case No.	
_		Debtor	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	H W		CONTINGEN	UNLIQUIDAT	SPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. Ford Motor Credit Co LLC c/o Daniel Briders Esq. 120 N. Candler Street Decatur, GA 30030		н	05/05/2010 Writ of Fi Fa - business debt residence, house and lot, 1031 Founder's Lake Drive, Athens, GA 30606 Value \$ 300,000.00	T	T E D	1 1	9,307.08	9,307.08
Account No. Founders Grove Property Owners Association 494 Baxter Street, Ste A Athens, GA 30605	x	J	11/9/2011 default judgment residence, house and lot, 1031 Founder's Lake Drive, Athens, GA 30606 Value \$ 300,000.00				1,440.84	1,440.84
Account No. General Electric Capital Corp. c/o John K. Saunders, Esq. 4651-A Roswell Road NE Atlanta, GA 30342	x	н	business related judgment					,
Account No. Godwin Pumps of America Inc. c/o Karl J. Howe, Esq. 4385 Kimball Bridge Road, Suite 100 Alpharetta, GA 30022	х	н	Value \$ 0.00 08/20/2010 Writ of Fi Fa - business debt residence, house and lot, 1031 Founder's Lake Drive, Athens, GA 30606 Value \$ 300,000.00				67,704.59 1,589.62	67,704.59 1,589.62
Account No. Holt Drilling Inc. c/o Robert P. McFarland Sr., Esq. 309 Pirkle Ferry Road B-400 Cumming, GA 30040	x	н	02/15/2010 Writ of Fi Fa - business debt residence, house and lot, 1031 Founder's Lake Drive, Athens, GA 30606 Value \$ 300,000.00				1,005.00	1,005.00
Sheet 1 of 2 continuation sheets atta Schedule of Creditors Holding Secured Claim		d to		Subt			81,047.13	81,047.13

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Robert Matthew Tyner	Case No.	
_		Debtor	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C		CONTINGENT	UNLIQUIDATED	E	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
M/R Systems, Inc. c/o James C. Joedecke, Esq. 1960 Satellite Blvd; Ste 4000 Duluth, GA 30097	x	н			E D		33,084.98	33,084.98
Account No.			business related judgment				·	
Tractor & Equipment Co. c/o Sheetal R. Desai, Esq. 3140 Overland Drive Roswell, GA 30075	x	Н	Value \$ 0.00				10,607.61	40 507 54
Account No.	╁	H	5/10/2010				10,007.01	10,607.61
United Safety Associates 2213 Oak Falls Lane Buford, GA 30519	x	Н	business related deault judgment					
	┖		Value \$ 0.00				2,834.72	2,834.72
Account No.			Value \$					
Account No.	t	H	value \$	-		Н		
			Value \$					
Sheet 2 of 2 continuation sheets atta		d to		Subt			46,527.31	46,527.31
Schedule of Creditors Holding Secured Claim	S		(Total of		pag Tota			
			(Report on Summary of S				731,597.36	431,597.36

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B6E (Official Form 6E) (4/10)

•				
In re	Robert Matthew Tyner		Case No.	
_		Debtor	,	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian."

Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the approp
schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be
liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated."
"Disputed." (You may need to place an "X" in more than one of these three columns.)
Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the loss sheet of the completed schedule.
"Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority
listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total
also on the Statistical Summary of Certain Liabilities and Related Data. Percent the total of amounts not artified to priority listed on each sheet in the how lebeled "Subtotale" on each sheet Percent the total of all amounts not artified to
Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this
total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busines whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not
delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

continuation sheets attached

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B6E (Official Form 6E) (4/10) - Cont.

In re	Robert Matthew Tyner		Case No.	
_		Debtor	,	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

							TYPE OF PRIORITY	r
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	H W		CONTINGEN	UNLIQUIDA	E	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY AMOUNT ENTITLED TO PRIORITY
Account No.			additional notice	T	A T E D			
Attorney General of Georgia 132 State Judicial Bldg. Atlanta, GA 30334		-					0.00	0.00
Account No. account ID 2184906-AQ	╁		2002 - 2010	H	_		0.00	0.00
Georgia Department of Revenue Athens Regional Office 3700 Atlanta Hwy;, Suite 268 Athens, GA 30606-7428	x	н	"responsible party" assessement for non-payment of corporate payroll taxes					Unknown
							207,943.20	Unknown
Account No. Georgia Department of Revenue Bankruptcy Insolvency Unit P.O. Box 3889 Atlanta, GA 30334		-	additional notice					0.00
	4						0.00	0.00
Account No. Georgia Department of Revenue Taxpayer Services Division P.O. Box 105665 Atlanta, GA 30348-5665		-	additional notice				0.00	0.00
Account No.	╁		additional notice			H	0.00	0.00
Georgia Department of Revenue 1800 Century Boulevard Atlanta, GA 30345		-						0.00
							0.00	0.00
Sheet 1 of 1 continuation sheets att Schedule of Creditors Holding Unsecured Pri					pag	ge)	207,943.20	0.00
			(Report on Summary of So		ota lule		207,943.20	0.00

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B6F (Official Form 6F) (12/07)

In re	Robert Matthew Tyner		Case No.
		Debtor	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

			•					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	αυ_ p	D I SP L TE D	S P U T E	AMOUNT OF CLAIM
Account No.			business account payable	Ť	A T E			
Aiken Trucking, Inc. c/o John Hollis Baker, Esq. 298 East Washington Street Athens, GA 30601	х	Н			D			Unknown
Account No.			business account payable			t	\dagger	
All About Asphalt, Inc. c/o Michasel C. Pruett, Esq. Hall Booth Smith & Slover, P.C. 440 College Avenue North, Suite 120 Athens, GA 30601-2773	x	Н						Unknown
Account No. 3727-131464-33006			business purpose credit card account	T	H	H	\dagger	
American Express c/o FirstSource Advantage, LLC 205 Bryant Woods South Buffalo, NY 14228		Н						7,327.33
Account No. AME 71-090343411			additional notice		Г	T	†	
American Express c/o CollectCorp PO Box 101928; Dept. 4947A Birmingham, AL 35210-1928		-						0.00
			<u> </u>	L Subi	tota	L ıl	+	
continuation sheets attached			(Total of t)	7,327.33

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robert Matthew Tyner	Case No.	
_		Debtor	

CREDITOR'S NAME, MAILING ADDRESS	C O D	Hu	sband, Wife, Joint, or Community	C O N T I	U N L	D I S	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C N	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	TINGENT	UNLLQULDA	P U T E D	AMOUNT OF CLAIM
Account No. 148759			account payable	Ť	D A T E D		
American Pest Control PO Box 6467 Athens, GA 30604	х	J			0		401.08
Account No.			account payable		Г		
Athens County Club Jan Beggerly, Controller 2700 Jefferson Road Athens, GA 30607		н					
							7,730.70
Account No. 5217160-1 Athens Regional Medical Center Patient Business Services 1199 Prince Avenue Athens, GA 30606		н	account payable				
							50.00
Account No. CHR-9578702-85 Athens Regional Pathology Asso PO Box 30309 Charleston, SC 29417-0309		н	account payable				486.00
Account No. 011565534			business account payable		Г		
Auto Owners Insurance c/o CMCS Premium Recovery Services 822 E Grand River Brighton, MI 48116	х	н					1,161.83
Sheet no. 1 of 7 sheets attached to Schedule of					tota		9,829.61
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	e)	1

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robert Matthew Tyner	Case No.	
		Debtor	

	10	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.		<u> </u>	·
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONFINGEN	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 334012587333			credit card account, primarily business	٦ [T E		
Bank of America c/o NCO Financial Systems, LLC PO Box 15630; Dept. 03 Wilmington, DE 19850		н	purpose		D		4,698.87
Account No.	╁		additional notice	\vdash			
Bank of America PO Box 53150 Phoenix, AZ 85072-3150		-					0.00
Account No. 4264-2987-6097-8414	╁		credit card account, primarily business	+			
Bank of America FIA Card Services PO Box 15026 Wilmington, DE 19850-5026		н	purpose				7,047.08
Account No. 26696908	\dagger		additional notice	\vdash			
Bank of America c/o FMA Alliance, Ltd 12339 Cutten Road Houston, TX 77066		-					0.00
Account No. 4264-2989-9627-3804	+		additional notice				
Bank of America c/o CollectCorp 455 N 3rd St, Ste 260 Phoenix, AZ 85004-3924		_					0.00
Sheet no. 2 of 7 sheets attached to Schedule of				Sub			11,745.95
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robert Matthew Tyner	Case No.	
_		Debtor	

	_			_			
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu: H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	I O	DISPUTED	AMOUNT OF CLAIM
Account No.			business account payable	Ť	T E		
Blasingame Burch et al Theresa Wilson, Accounting PO Box 832 Athens, GA 30603		н			D		20,139.11
Account No. R254907	t		account payable	+	H		
Blue Cross Blue Shield of GA c/o Rawlings Financial Service PO Box 2020 La Grange, KY 40031-2020		н					281.23
Account No.	T		business account payable	T	H		
Branch Banking & Trust Co. c/o J. Curtis Tootle, Jr., Esq. Bridgers, Peters & Kleber 120 North Candler Street Decatur, GA 30030	x	Н					19,236.69
Account No. 14811364	T		additional notice	1	t		
Cavalry Portfolio Serv for Bank of America 7 Skyline Dr Ste 3 Hawthorne, NY 10532		_					0.00
Account No.	\vdash	\vdash	business account payable	+	\vdash	\vdash	3.60
Chesser/Kennedy Builders, Inc. Jeffrey Chesser, Registered Agent 730 Milledge Circle Athens, GA 30606	x	н					93,000.00
Sheet no3 of _7 sheets attached to Schedule of				Sub	tota	1	,
Creditors Holding Unsecured Nonpriority Claims			(Total of				132,657.03

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robert Matthew Tyner	Case No.	
		Debtor	

Account No. 1406028 Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Collection Athens Radiology Association Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Collection Athens Regional Medical Collection Athens Regional Medical FO Box 8048 Athens, GA 30603-8048 Collection Athens Regional Medical FO Box 8048 Athens, GA 30603-8048 Collection Athens Regional Medical FO Box 8048 Athens, GA 30603-8048 Solutional notice To additional notice additional notice Solution Athens Country Club To additional notice Solution Athens Regional Medical Athens (A 30603-8048) Solution Athens (A 30603-8048) Athens (A 30603-8048) Athens (A 30603-8048) Solution Athens (A 30603-8048)	Ιc	ш.,	sband, Wife, Joint, or Community	Ιc	111	D		
Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Account No. 1338639 Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 H Collection Athens Radiology Association Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Collection Athens Regional Medical H Collection Athens Regional Medical For Box 8048 Athens, GA 30603-8048 Collection Athens Regional Medical For Box 8048 Athens, GA 30603-8048 Account No. Credit Collection Services For Travelers Ins. 2 Wells Avenue Newton Center, MA 02459 Account No5925 Discover PO Box 30943 Salt Lake City, UT 84130 Sheet no. 4 of 7 sheets attached to Schedule of T 646 no.	MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	NGEN	ONLIQUIDA	S P	AMOUNT OF CLAIM
Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Account No. 1338639 Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 H Collection Athens Radiology Association Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Collection Athens Regional Medical H Collection Athens Regional Medical For Box 8048 Athens, GA 30603-8048 Collection Athens Regional Medical For Box 8048 Athens, GA 30603-8048 Account No. Credit Collection Services For Travelers Ins. 2 Wells Avenue Newton Center, MA 02459 Account No5925 Discover PO Box 30943 Salt Lake City, UT 84130 Sheet no. 4 of 7 sheets attached to Schedule of T 646 no.	Account No. 1406028			Collection Athens Country Club	٦	T E		
Account No. 1333639 Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Account No. 1384209 Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 H H Collection Athens Regional Medical Collection Athens Regional Medical FO Box 8048 Athens, GA 30603-8048 Account No. Credit Collection Services of Athens Po Box 8048 Athens, GA 30603-8048 Credit Collection Services of Travelers Ins. 2 Wells Avenue Newton Center, MA 02459 Discover PO Box 30943 Salt Lake City, UT 84130 Sheet no. 4 of 7 sheets attached to Schedule of	PO Box 8048		Н			D		7 497 00
PO Box 8048 Athens, GA 30603-8048 Account No. 1384209 Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 H H Collection Athens Regional Medical H H Account No. Account No. Credit Collection Services for Travelers Ins. 2 Wells Avenue Newton Center, MA 02459 Discover PO Box 30943 Salt Lake City, UT 84130 Sheet no. 4 of 7 sheets attached to Schedule of Account No. Subtotal T 846 00	Account No. 1333639	+		Collection Athens Radiology Association				7,437.00
Account No. 1384209 Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Account No. Credit Collection Services for Travelers Ins. 2 Wells Avenue Newton Center, MA 02459 Discover PO Box 30943 Salt Lake City, UT 84130 Sheet no. 4 of 7 sheets attached to Schedule of	PO Box 8048		Н					
Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048 Account No. Credit Collection Services for Travelers Ins. 2 Wells Avenue Newton Center, MA 02459 Discover PO Box 30943 Salt Lake City, UT 84130 Sheet no. 4 of 7 sheets attached to Schedule of Account No5925 Subtotal								99.00
Credit Collection Services for Travelers Ins. 2 Wells Avenue Newton Center, MA 02459 Account No5925 Discover PO Box 30943 Salt Lake City, UT 84130 Sheet no. 4 of 7 sheets attached to Schedule of Total Collection Services additional notice - Subtotal 7 646 00	Collection Services Of Athens PO Box 8048		н	Collection Athens Regional Medical				50.00
for Travelers Ins. 2 Wells Avenue Newton Center, MA 02459 Account No5925 Discover PO Box 30943 Salt Lake City, UT 84130 Sheet no. 4 of 7 sheets attached to Schedule of Total Content of the sheet attached to Schedule of the sheet attached	Account No.			additional notice				
Discover PO Box 30943 Salt Lake City, UT 84130 - 0.00 Sheet no. 4 of 7 sheets attached to Schedule of Subtotal 7.646.00	for Travelers Ins. 2 Wells Avenue		-					0.00
PO Box 30943 Salt Lake City, UT 84130 O.00 Sheet no. 4 of 7 sheets attached to Schedule of Subtotal 7 646 00	Account No5925	f		additional notice				
7 646 00	PO Box 30943		_					0.00
	Sheet no. <u>4</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-						7,646.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robert Matthew Tyner		Case No.	
_		Debtor	,	

	_	_		_			
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	16	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONFINGEN	NL I QU I DATE		AMOUNT OF CLAIM
Account No. 6011004880105925	╁	\vdash	credit card account, primarily business	N T	A T		
Account No. 6011004660103923	-		purpose		Ė		
Discover Financial Services LLC PO Box 15316 Wilmington, DE 19850		н	purpose				
							8,677.00
Account No. 13599966			additional notice				
Encore Receivable Management for Discover Card PO Box 3330 Olathe, KS 66063-3330		-					0.00
	_		0 11 11 11 11	_			0.00
Account No. 43545380	4		Collection At T				
Enhanced Recovery Co L for AT&T 8014 Bayberry Rd Jacksonville, FL 32256		Н					
,							412.00
Account No.	t		business account payable	\vdash			
FCCI Insurance Group c/o B. Emory Potter, Esq. 3310 Henderson Mill Road; Suite 203 Atlanta, GA 30341	x	Н					84,400.58
Account No. 1019849069	+	\vdash	Collection AT&T business account payable	+			,
Franklin Collection Service, Inc. for AT&T 2978 W Jackson St Tupelo, MS 38801	x	н	Concolion AT&T Susmess account payable				442.00
	<u></u>			<u> </u>			
Sheet no. <u>5</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subt his			93,931.58

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robert Matthew Tyner	, C	ase No
		Debtor	

	10	11	should Wife think as Occasioning	<u> </u>	l	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLLQULDAT		AMOUNT OF CLAIM
Account No.			business account payable	Т	T E D		
Godwin Pumps of America, Inc. c/o Hal. J. Leitman Macey, Wilensky, Kessler & Hennings, LLC 230 Peachtree Street NW; Suite 2700 Atlanta, GA 30303-1561	х	Н			ט		1,479.62
Account No. 1029673	1		additional notice				
Greenberg Grant & Richards Inc for United Rentals PO Box 571811 Houston, TX 77257-1811		_					0.00
Account No. 158055	╄		husings as a sunt novelle	+			0.00
HD Supply Waterworks, Ltd. PO Box 1419 Thomasville, GA 31799-1419	x	н	business account payable				10,220.42
Account No.	┪		business account payable	+			
J.W. Shuman Serices, Inc. 1563 S. Lumpkin St. Athens, GA 30605	x	н					474.07
Account No.	╁		business account payable	+		H	
Nasser Heavy Equipment, Inc. c/o C2C Resources, LLC 56 Perimeter Center East Atlanta, GA 30346	x	н					2,354.00
Sheet no. 6 of 7 sheets attached to Schedule of		<u> </u>		Subt	tota	l l	
Creditors Holding Unsecured Nonpriority Claims			(Total of				14,528.11

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robert Matthew Tyner	Case No	
_		Debtor	

	_			—			1
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	16	U	P	
MAILING ADDRESS INCLUDING ZIP CODE,	CODEBTO	H W	DATE CLAIM WAS INCURRED AND	CONT	L	S P	
AND ACCOUNT NUMBER	T E	J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N N	Ų	Ī	AMOUNT OF CLAIM
(See instructions above.)	R	С	is subject to setore, so state.	N G E N T	Ď	D	
Account No. 976417127			business account payable	T	TED	DISPUTED	
Traveler's Ins.					1		1
Chastain & Assocs Ins		Н					
PO Box 1908							
Athens, GA 30603							
							1,337.46
Account No. 1006100166			business account payable				
United Rentals							
4645 Atlanta Hwy	X	н					
Bogart, GA 30622							
							4,571.87
Account No. 70412624200001			account payable, business purpose	T			
Verizon							
One Alpharetta Place		н					
Recovery Dept.		Ι΄΄					
Alpharetta, GA 30004							
							206.00
Account No.				T			
	1						
A4 NJ-	┞			╀	\vdash	┝	
Account No.	ł						
Sheet no7 of _7 sheets attached to Schedule of				Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				6,115.33
					Γota		
			(Report on Summary of So				283,780.94
			(<u>F</u>	- •		,	

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B6G (Official Form 6G) (12/07)

In re	Robert Matthew Tyner	Case No	
-		Debtor	

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 11-32001 Doc 1 Filed 12/05/11 Entered 12/05/11 16:00:43 Desc Main Document Page 27 of 61

B6H (Official Form 6H) (12/07)

In re	Robert Matthew Tyner	Case No.	
_		Debtor	

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens. GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

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Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

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NAME AND ADDRESS OF CREDITOR

Andrew Clyde & Clyde Armorylnc c/o J. Barrett Malone, Esq. 490 North Milledge Avenue Athens, GA 30601

Tractor & Equipment Co. c/o Sheetal R. Desai, Esq. 3140 Overland Drive Roswell, GA 30075

General Electric Capital Corp. c/o John K. Saunders, Esq. 4651-A Roswell Road NE Atlanta, GA 30342

United Safety Associates 2213 Oak Falls Lane Buford, GA 30519

M/R Systems, Inc. c/o James C. Joedecke, Esq. 1960 Satellite Blvd; Ste 4000 Duluth, GA 30097

United Rentals 4645 Atlanta Hwy Bogart, GA 30622

Chesser/Kennedy Builders, Inc. Jeffrey Chesser, Registered Agent 730 Milledge Circle Athens, GA 30606

HD Supply Waterworks, Ltd. PO Box 1419 Thomasville, GA 31799-1419

J.W. Shuman Serices, Inc. 1563 S. Lumpkin St. Athens, GA 30605

In re	Robert Matthew Tyner	Case No
	-	

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR NAME AND ADDRESS OF CREDITOR

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606 Franklin Collection Service, Inc. for AT&T 2978 W Jackson St Tupelo, MS 38801

Godwin Pumps of America Inc. c/o Karl J. Howe, Esq. 4385 Kimball Bridge Road, Suite 100 Alpharetta, GA 30022

Holt Drilling Inc. c/o Robert P. McFarland Sr., Esq. 309 Pirkle Ferry Road B-400 Cumming, GA 30040

Godwin Pumps of America, Inc. c/o Hal. J. Leitman Macey, Wilensky, Kessler & Hennings, LLC 230 Peachtree Street NW; Suite 2700 Atlanta, GA 30303-1561

Nasser Heavy Equipment, Inc. c/o C2C Resources, LLC 56 Perimeter Center East Atlanta, GA 30346

Auto Owners Insurance c/o CMCS Premium Recovery Services 822 E Grand River Brighton, MI 48116

Branch Banking & Trust Co. c/o J. Curtis Tootle, Jr., Esq. Bridgers, Peters & Kleber 120 North Candler Street Decatur, GA 30030

FCCI Insurance Group c/o B. Emory Potter, Esq. 3310 Henderson Mill Road; Suite 203 Atlanta, GA 30341

All About Asphalt, Inc. c/o Michasel C. Pruett, Esq. Hall Booth Smith & Slover, P.C. 440 College Avenue North, Suite 120 Athens, GA 30601-2773

Aiken Trucking, Inc. c/o John Hollis Baker, Esq. 298 East Washington Street Athens, GA 30601 Case 11-32001 Doc 1 Filed 12/05/11 Entered 12/05/11 16:00:43 Desc Main Document Page 29 of 61

In re	Robert Matthew Tyner	Case No.	
-	· · · · · · · · · · · · · · · · · · ·	Debtor ,	

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Heritage Construction Group, Inc.	Georgia Department of Revenue Athens Regional Office
1031 Founder's Lake Drive Athens, GA 30606	3700 Atlanta Hwy;, Suite 268 Athens, GA 30606-7428
Sarah V. Tyner 1031 Founder's Lake Drive	CitiMortgage, Inc. PO Box 660065
Athens, GA 30606	Dallas, TX 75266-0065
Sarah V. Tyner	Founders Grove Property
1031 Founder's Lake Drive Athens, GA 30606	Owners Association 494 Baxter Street, Ste A Athens, GA 30605
Sarah V. Tyner	American Pest Control
1031 Founder's Lake Drive Athens, GA 30606	PO Box 6467 Athens, GA 30604

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B6I (Offi	cial Form 6I) (12/07)		
In re	Robert Matthew Tyner		Case No.
		Debtor(s)	

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS (OF DEBTOR AND S	POUSE		
	RELATIONSHIP(S):	AGE(S):			
Married	Daughter	7			
Employment:	DEBTOR		SPOUSE		
Occupation	sales	nurse			
Name of Employer	Akins Ford of Athens	Athens Region	nal Medical Ce	nter	
How long employed					
Address of Employer	4260 Atlanta Hwy Bogart, GA 30622				
INCOME: (Estimate of average or	projected monthly income at time case filed)		DEBTOR		SPOUSE
1. Monthly gross wages, salary, and	d commissions (Prorate if not paid monthly)	\$ _	2,000.00	\$	3,440.00
2. Estimate monthly overtime		\$	0.00	\$	0.00
3. SUBTOTAL		\$_	2,000.00	\$_	3,440.00
4. LESS PAYROLL DEDUCTION	IS.				
a. Payroll taxes and social sec		\$	0.00	\$	0.00
b. Insurance		<u> </u>	0.00	\$ _	0.00
c. Union dues		<u>\$</u> -	0.00	<u>\$</u> —	0.00
d. Other (Specify):		<u> </u>	0.00	\$	0.00
		\$	0.00	\$	0.00
5. SUBTOTAL OF PAYROLL DE	DUCTIONS	\$_	0.00	\$	0.00
6. TOTAL NET MONTHLY TAKE	E HOME PAY	\$_	2,000.00	\$_	3,440.00
7. Regular income from operation of	of business or profession or farm (Attach detailed state	ement) \$	0.00	\$	0.00
8. Income from real property		\$	0.00	\$	0.00
9. Interest and dividends		\$	0.00	\$	0.00
dependents listed above	ort payments payable to the debtor for the debtor's use	or that of \$	0.00	\$	0.00
11. Social security or government a	assistance	*	0.00	Φ.	0.00
(Specify):		\$	0.00	\$_	0.00
10 D		\$	0.00	\$_	0.00
12. Pension or retirement income		\$_	0.00	\$_	0.00
13. Other monthly income		ф	0.00	ф	0.00
(Specify):		\$	0.00	\$ <u></u>	0.00
		\$	0.00	\$ _	0.00
14. SUBTOTAL OF LINES 7 THR	OUGH 13	\$_	0.00	\$_	0.00
15. AVERAGE MONTHLY INCO	ME (Add amounts shown on lines 6 and 14)	\$_	2,000.00	\$_	3,440.00
16. COMBINED AVERAGE MON	NTHLY INCOME: (Combine column totals from line	15)	\$	5,440	0.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)						
In re	Robert Matthew Tyner		Case No.			
		Debtor(s)				

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

a. Are real estate taxes included? Yes X No b. Is property insurance included? Yes X No c. Utilities: a. Electricity and heating fuel b. Water and sewer \$50 c. Telephone \$190 d. Other See Detailed Expense Attachment \$190 d. Food \$190 d. Other See Detailed Expense Attachment \$190 d. Food \$190 d. Other See Detailed Expense Attachment \$190 d. Laundry and dry cleaning \$100 d. Laundry and dry cleaning \$100 d. Laundry and dry cleaning \$100 d. R. Transportation (not including ear payments) \$100 d. R. Transportation (not deducted from wages or included in home mortgage payments) \$100 d. Life \$141 d. Auto \$100 d. Other \$100 d. Auto \$100	case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 2.	rate. The av	
a. Are real estate taxes included? Yes X No b. Is property insurance included? Yes X No c. Utilities: a. Electricity and heating fuel b. Water and sewer \$50 c. Telephone \$190 d. Other See Detailed Expense Attachment \$190 d. Food \$190 d. Other See Detailed Expense Attachment \$190 d. Food \$190 d. Other See Detailed Expense Attachment \$190 d. Laundry and dry cleaning \$100 d. Laundry and dry cleaning \$100 d. Laundry and dry cleaning \$100 d. R. Transportation (not including ear payments) \$100 d. R. Transportation (not deducted from wages or included in home mortgage payments) \$100 d. Life \$141 d. Auto \$100 d. Other \$100 d. Auto \$100	☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Compl		e schedule of
a. Are real estate taxes included? b. Is property insurance included? 2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other See Detailed Expense Attachment 3. Home maintenance (repairs and upkeep) 3. Home maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. Life c. Health d. Auto b. Life c. Health d. Auto c. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene 0. Revealed to the substitution on summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY EXPENSES (Total lines 1-17. Report also on summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME 2. Average monthly income from Line 15 of Schedule I	Rent or home mortgage payment (include lot rented for mobile home)	\$	2,240.60
S. Is property insurance included? Yes X No S 600	a. Are real estate taxes included? Yes X No		
D. Water and sewer S S0 S0 S0 S0 S0 S0 S0	b. Is property insurance included? Yes X No		
C. Telephone S 190	•		600.00
A. Other See Detailed Expense Attachment \$ 300 300 4. Food \$ 5650 5. Clothing \$ 100 5. Cloth		\$	50.00
3. Home maintenance (repairs and upkeep) 5. Good 5		\$	190.00
4. Food \$ 650 5. Clording \$ 100 6. Laundry and dry cleaning \$ 70 7. Medical and dental expenses \$ 100 8. Transportation (not including car payments) \$ 550 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 25 10. Charitable contributions \$ 0 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0 a. Homeowner's or renter's \$ 0 b. Life \$ 141 c. Health \$ 0 d. Auto \$ 0 e. Other \$ 0 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plant \$ 0 14. Alimony, maintenance, and support paid to others \$ 0 15. Payments for support of additional dependents not living at your home \$ 0 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0 17. Other health and hygiene \$ 0 <t< td=""><td></td><td>\$</td><td>190.00</td></t<>		\$	190.00
5. Clothing \$ 100 6. Laundry and dry cleaning \$ 70 7. Medical and dental expenses \$ 100 8. Transportation (not including car payments) \$ 650 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 25 10. Charitable contributions \$ 0 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 141 6. Life \$ 0 7. Auto \$ 0 8. Other \$ 0 9. Cother \$ 0 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plant) \$ 0 14. Alimony, maintenance, and support paid to others \$ 0 15. Payments for support of additional dependents not living at your home \$ 0 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 50 17. Other health and hygiene \$ 50 Other \$ 50 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if alignic the filling of this document: \$ 5,437 19. Describe any in		\$	
1.		\$	100.00
7. Medical and dental expenses \$ 100 8. Transportation (not including car payments) \$ 650 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ 25 10. Charitable contributions \$ 0 11. Insurance (not deducted from wages or included in home mortgage payments) \$ 0 12. Insurance (not deducted from wages or included in home mortgage payments) \$ 141 c. Health \$ 0 d. Auto \$ 80 e. Other \$ 0 12. Taxes (not deducted from wages or included in home mortgage payments) \$ 0 (Specify) \$ 0 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ 0 14. Alimony, maintenance, and support paid to others \$ 0 15. Payments for support of additional dependents not living at your home \$ 0 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0 17. Other health and hygiene \$ 0 Other \$ 0 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 5,437. 19. Describe any increase or decrease in expenditures reasonably		\$	70.00
8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health c. Health d. Auto e. Other c. Other (Specify) 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) 14. Alimony, maintenance, and support paid to others c. Other c. Other d. Auto h. Other c. Other 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I a. Average monthly income from Line 18 above 5 5,437		\$	100.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) (Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) 14. Alimony, maintenance, and support paid to others c. Other c. Other 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,437.		\$	650.00
10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other Oth		· -	25.00
a. Homeowner's or renter's b. Life c. Health c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly income from Line 18 above \$ 5,437.			0.00
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d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 3. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,437.	b. Life	\$	141.67
e. Other		\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$ 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) 14. Auto 15. Dother 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME 21. Average monthly income from Line 15 of Schedule I 22. Average monthly expenses from Line 18 above 23. Statement of the deducted in home mortgage payments of spayments in the payments of such included in the plant of the plant in the payments to be included in the plant in the plant of the plant of the plant of the plant of the plant in the plant of the plant of the plant in the plant of the plant in the plant of the plant in the plant of t		\$	80.00
(Specify) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,437.		\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I 5,440 b. Average monthly expenses from Line 18 above \$ 5,437		\$	0.00
a. Auto b. Other c. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,440			
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c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,440	b. Other	\$	0.00
15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,440		\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other health and hygiene Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,440.		\$	0.00
17. Other Other Other		\$	0.00
Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,440.		\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,440.		\$	50.00
if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,440	Other	\$	0.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: 20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above \$ 5,440.	· · · · · · · · · · · · · · · · · · ·	\$	5,437.27
 a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above 5,440 5,440 5,437 	19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
b. Average monthly expenses from Line 18 above \$ 5,437.		¢	E 440.00
		\$	
	c. Monthly net income (a. minus b.)	\$ 	2.73

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B6J (Off	icial Form 6J) (12/07)			
In re	Robert Matthew Tyner		Case No.	
		Debtor(s)		
	SCHEDULE J - CURREN	T EXPENDITURES OF INDIV	IDUAL DEBTOR(S)	
	I	Detailed Expense Attachment		
Other	Utility Expenditures:			
cable			\$	90.00

cell phones

Total Other Utility Expenditures

100.00

190.00

\$

Case 11-32001 Doc 1 Filed 12/05/11 Entered 12/05/11 16:00:43 Desc Main

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Middle District of Georgia, Athens Division

In re	Robert Matthew Tyner			Case No.	
			Debtor(s)	Chapter	7
	DECLARATION C	ONCERN	ING DEBTOR'S SO	CHEDUL	ES
	DECLARATION UNDER F	PENALTY (OF PERJURY BY INDIV	DUAL DEI	BTOR
	I declare under penalty of perjury th				es, consisting of 27
	sheets, and that they are true and correct to the	ne best of my	knowledge, information,	and belief.	
Date	December 5, 2011	Signature	/s/ Robert Matthew Tyn	er	
			Robert Matthew Tyner		
			Debtor		

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/10)

United States Bankruptcy Court Middle District of Georgia, Athens Division

In re	Robert Matthew Tyner		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$88,436.68 2011 joint gross income year to Petition Date

\$42,780.45 2010 joint gross income \$64,224.74 2009 joint gross income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. *All debtors*: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER Andrew Clyde & Clyde Armory, Inc. v. Heritage Coonstruction Group, Inc. & Matt Tyner, individually, case no. 2009-CV-0635-S	NATURE OF PROCEEDING construction litigation	COURT OR AGENCY AND LOCATION Superior Court, Oconee County, GA	STATUS OR DISPOSITION judgment 06/30/2010
Tractor & Equipment Co. vs. Heritage Construction Group and Robert Matthew Tyner, 2008 CV 09741E	business litigation	State Court, Clayton County, GA	judgment
General Electric Capital Corp. vs. Heritage Construciton Group, Inc. and R. Matt Tyner, case no. 2008-CV-0659-S	business litigation	Superior Court, Oconee County, GA	judgment
Ford Motor Credit Co LLC vs. Robert M Tyner, case no. 2010-SU-CV-152-LES	collection related to deficiency balance for repossessed business vehicle	Superior Court, Oconee County, GA	judgment
United Safety Associates vs. Heritage Construction Group and R. Matt Tyner, case no. 2010-49CC	business litigation	Magistrate Court, Oconee County, GA	default judgment

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER PROCEEDING AND LOCATION DISPOSITION M/R Systems, Inc. v. Heritage Construction Superior Court, Oconee County, GA **business** judgment Gorup Inc. and R. Matthew Tyner, CAFN litigation 2008-CV-0662-SW M/R Systems, Inc. v. Heritage Construction business Superior Court, Oconee County, GA judgment

Group, Inc. vand R. Matthew Tyner, CAFN 2008-CV-0662-SW

litigation

All About Asphalt, Inc. vs. Matt Tyner and **business Superior Court of Athens-Clarke** Heritage Construction Group, SU-10-CV-1201-S litigation County, GA

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning

property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE. TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY**

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Paul Reece Marr, P.C. Suite 960 300 Galleria Parkway Atlanta, GA 30339 DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 11/28/2011 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,500.00 (\$306.00 filing fee +
\$1,194.00 of the agreed
\$2,694.00 attorney fee)

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

DATES OF OCCUPANCY **ADDRESS** NAME USED

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

ENVIRONMENTAL LAW

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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF GOVERNMENTAL LINIT

DATE OF NOTICE **ENVIRONMENTAL**

6

GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

NAME (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

Heritage 58-2540960

1031 Founder's Lake Drive con

construction

May 2000 - mid-2008

Construction Group, LLC

Athens, GA 30606

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

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NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

of the debtor. If any of the books of account and records are not available, explain

Robert Matthew Tyner 1031 Founder's Lake Drive Athens, GA 30606

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

NAME

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY INVENTORY SUPERVISOR (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

None

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DOLLAR AMOUNT OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS
TITLE
NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

7

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23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 8

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date December 5, 2011 Signature /s/ Robert Matthew Tyner
Robert Matthew Tyner

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court Middle District of Georgia, Athens Division

		vildule District of G	corgia, Athens L		
In re	Robert Matthew Tyner		Debtor(s)	Case No. Chapter	7
	CHAPTER 7 IN	DIVIDUAL DEBTO	OR'S STATEME	ENT OF INTEN	ΓΙΟΝ
PART	A - Debts secured by property of property of the estate. Attach a			npleted for EACH	I debt which is secured by
Propert	ty No. 1				
	or's Name: rtgage, Inc.		Describe Proper residence, hous GA 30606	rty Securing Debt: se and lot, 1031 Fo	under's Lake Drive, Athens,
-	ty will be (check one): Surrendered	■ Retained	1		
■	ning the property, I intend to (check Redeem the property Reaffirm the debt Other. Explain		oid lien using 11 U	(.S.C. § 522(f)).	
-	ty is (check one): Claimed as Exempt		☐ Not claimed a	s exempt	
	B - Personal property subject to une additional pages if necessary.)	xpired leases. (All three	e columns of Part E	3 must be completed	d for each unexpired lease.
Propert	ty No. 1				
Lessor -NONE	's Name: -	Describe Leased Pr	operty:	Lease will be U.S.C. § 365(☐ YES	Assumed pursuant to 11 (p)(2):
	re under penalty of perjury that that the large subject to an unexpire		intention as to an	y property of my 6	estate securing a debt and/or
Date <u> </u>	December 5, 2011	Signature	/s/ Robert Matthe Robert Matthew Toebtor		

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United States Bankruptcy Court Middle District of Georgia, Athens Division

In r		istrict of Georgia, Athens I	Case No.	
111 1	Robert Matthew Tyner	Debtor(s)	Case No. Chapter	7
	DISCLOSURE OF COMP	ENSATION OF ATTOF	RNEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy I compensation paid to me within one year before the f be rendered on behalf of the debtor(s) in contemplatio	Rule 2016(b), I certify that I ar filing of the petition in bankruptcy	m the attorney for y, or agreed to be pai	the above-named debtor and that d to me, for services rendered or to
	For legal services, I have agreed to accept		\$	2,694.00
	Prior to the filing of this statement I have receive	ede	\$	1,194.00
	Balance Due		\$	1,500.00
2.	\$306.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed cor	mpensation with any other person	unless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the results.			
6.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspects	s of the bankruptcy c	ease, including:
	 a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] 	statement of affairs and plan which	may be required;	
7.	By agreement with the debtor(s), the above-disclosed representation of the debtor(s) in adversariance.		service:	
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	any agreement or arrangement for j	payment to me for re	epresentation of the debtor(s) in
Date	ed: December 5, 2011	/s/ Paul Reece Ma	ırr	
		Paul Reece Marr Paul Reece Marr, Suite 960 300 Galleria Parky Atlanta, GA 30339 (770) 984-2255	way	
		(770) 964-2255		

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF GEORGIA, ATHENS DIVISION

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total Fee \$306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total Fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$46 administrative fee: Total Fee \$1046)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total Fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court

	Cintea	Duning upicy Co	ui t	
	Middle Dis	strict of Georgia, Athens D	ivision	
In re	Robert Matthew Tyner		Case No.	
		Debtor(s)	Chapter 7	
Code.	UNDER § 342(t	F NOTICE TO CONSUMD) OF THE BANKRUPT Certification of Debtor eccived and read the attached notes.	CY CODE	
Rober	t Matthew Tyner	X /s/ Robert Mat	thew Tyner	December 5, 2011
Printe	d Name(s) of Debtor(s)	Signature of D	ebtor	Date
Case N	No. (if known)	X		
	· · · · · · · · · · · · · · · · · · ·	Signature of Jo	oint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. \S 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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United States Bankruptcy Court Middle District of Georgia, Athens Division

Middle District of Georgia, Athens Division							
e Ro	bert Matthew Tyner		Case No.				
		Debtor(s)	Chapter	7			
	VERI	FICATION OF CREDITOR M	IATRIX				
hove-n	named Debtor hereby verifies t	hat the attached list of creditors is true and cor	rect to the best	of his/her knowledge.			
.00,01		201 and annual and an		or may not mile (110 age)			
e: Dec	cember 5, 2011	/s/ Robert Matthew Tyner					
		Robert Matthew Tyner					

Signature of Debtor

Aiken Trucking, Inc. c/o John Hollis Baker, Esq. 298 East Washington Street Athens, GA 30601

All About Asphalt, Inc. c/o Michasel C. Pruett, Esq. Hall Booth Smith & Slover, P.C. 440 College Avenue North, Suite 120 Athens, GA 30601-2773

American Express c/o FirstSource Advantage, LLC 205 Bryant Woods South Buffalo, NY 14228

American Express c/o CollectCorp PO Box 101928; Dept. 4947A Birmingham, AL 35210-1928

American Pest Control PO Box 6467 Athens, GA 30604

Andrew Clyde & Clyde ArmoryInc c/o J. Barrett Malone, Esq. 490 North Milledge Avenue Athens, GA 30601

Athens County Club Jan Beggerly, Controller 2700 Jefferson Road Athens, GA 30607

Athens Regional Medical Center Patient Business Services 1199 Prince Avenue Athens, GA 30606 Athens Regional Pathology Asso PO Box 30309 Charleston, SC 29417-0309

Attorney General of Georgia 132 State Judicial Bldg. Atlanta, GA 30334

Auto Owners Insurance c/o CMCS Premium Recovery Services 822 E Grand River Brighton, MI 48116

Bank of America c/o NCO Financial Systems, LLC PO Box 15630; Dept. 03 Wilmington, DE 19850

Bank of America PO Box 53150 Phoenix, AZ 85072-3150

Bank of America FIA Card Services PO Box 15026 Wilmington, DE 19850-5026

Bank of America c/o FMA Alliance, Ltd 12339 Cutten Road Houston, TX 77066

Bank of America c/o CollectCorp 455 N 3rd St, Ste 260 Phoenix, AZ 85004-3924 Blasingame Burch et al Theresa Wilson, Accounting PO Box 832 Athens, GA 30603

Blue Cross Blue Shield of GA c/o Rawlings Financial Service PO Box 2020 La Grange, KY 40031-2020

Branch Banking & Trust Co. c/o J. Curtis Tootle, Jr., Esq. Bridgers, Peters & Kleber 120 North Candler Street Decatur, GA 30030

Cavalry Portfolio Serv for Bank of America 7 Skyline Dr Ste 3 Hawthorne, NY 10532

Chesser/Kennedy Builders, Inc. Jeffrey Chesser, Registered Agent 730 Milledge Circle Athens, GA 30606

Citimortgage Inc Po Box 9438 Gaithersburg, MD 20898

CitiMortgage, Inc. PO Box 660065 Dallas, TX 75266-0065

Collection Services Of Athens PO Box 8048 Athens, GA 30603-8048

Credit Collection Services for Travelers Ins. 2 Wells Avenue Newton Center, MA 02459

Discover PO Box 30943 Salt Lake City, UT 84130

Discover Financial Services LLC PO Box 15316 Wilmington, DE 19850

Encore Receivable Management for Discover Card PO Box 3330 Olathe, KS 66063-3330

Enhanced Recovery Co L for AT&T 8014 Bayberry Rd Jacksonville, FL 32256

FCCI Insurance Group c/o B. Emory Potter, Esq. 3310 Henderson Mill Road; Suite 203 Atlanta, GA 30341

Ford Cred PO Box Box 542000 Omaha, NE 68154

Ford Motor Credit Co LLC c/o Daniel Briders Esq. 120 N. Candler Street Decatur, GA 30030

Founders Grove Property Owners Association 494 Baxter Street, Ste A Athens, GA 30605

Franklin Collection Service, Inc. for AT&T 2978 W Jackson St Tupelo, MS 38801

General Electric Capital Corp. c/o John K. Saunders, Esq. 4651-A Roswell Road NE Atlanta, GA 30342

Georgia Department of Revenue Athens Regional Office 3700 Atlanta Hwy;, Suite 268 Athens, GA 30606-7428

Georgia Department of Revenue Bankruptcy Insolvency Unit P.O. Box 3889 Atlanta, GA 30334

Georgia Department of Revenue Taxpayer Services Division P.O. Box 105665 Atlanta, GA 30348-5665

Georgia Department of Revenue 1800 Century Boulevard Atlanta, GA 30345

Godwin Pumps of America Inc. c/o Karl J. Howe, Esq. 4385 Kimball Bridge Road, Suite 100 Alpharetta, GA 30022 Godwin Pumps of America, Inc. c/o Hal. J. Leitman Macey, Wilensky, Kessler & Hennings, LLC 230 Peachtree Street NW; Suite 2700 Atlanta, GA 30303-1561

Greenberg Grant & Richards Inc for United Rentals PO Box 571811 Houston, TX 77257-1811

HD Supply Waterworks, Ltd. PO Box 1419
Thomasville, GA 31799-1419

Heritage Construction Group, Inc. 1031 Founder's Lake Drive Athens, GA 30606

Holt Drilling Inc. c/o Robert P. McFarland Sr., Esq. 309 Pirkle Ferry Road B-400 Cumming, GA 30040

J.W. Shuman Serices, Inc. 1563 S. Lumpkin St. Athens, GA 30605

M/R Systems, Inc. c/o James C. Joedecke, Esq. 1960 Satellite Blvd; Ste 4000 Duluth, GA 30097

Nasser Heavy Equipment, Inc. c/o C2C Resources, LLC 56 Perimeter Center East Atlanta, GA 30346 Sarah V. Tyner 1031 Founder's Lake Drive Athens, GA 30606

Tractor & Equipment Co. c/o Sheetal R. Desai, Esq. 3140 Overland Drive Roswell, GA 30075

Traveler's Ins. Chastain & Assocs Ins PO Box 1908 Athens, GA 30603

United Rentals 4645 Atlanta Hwy Bogart, GA 30622

United Safety Associates 2213 Oak Falls Lane Buford, GA 30519

Verizon One Alpharetta Place Recovery Dept. Alpharetta, GA 30004 Case 11-32001 Doc 1 Filed 12/05/11 Entered 12/05/11 16:00:43 Desc Main Document Page 55 of 61

B22A (Official Form 22A) (Chapter 7) (12/10)

_		
In re	Robert Matthew Tyner	
	Debtor(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

B22A (Official Form 22A) (Chapter 7) (12/10)

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION								
	Mari	tal/filing status. Check the box that applies	and c	complete the ba	lance	e of this part of this state	emen	t as directed.	
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
		Married, not filing jointly, with declaration							
2		'My spouse and I are legally separated under							
2		purpose of evading the requirements of § 70% for Lines 3-11.	/(b)(2	2)(A) of the Ba	nkru	ptcy Code." Complete	only o	column A ("De	btor's Income")
			arati	on of senarate h	101156	eholds set out in Line 2	h ahc	ove Complete b	ooth Column A
	c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.1 ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.						o aoc	ve. complete b	oth Column 11
		Married, filing jointly. Complete both Col					'Spot	use's Income'')	for Lines 3-11.
	All fig	gures must reflect average monthly income r	eceiv	ed from all sou	rces,	derived during the six		Column A	Column B
		dar months prior to filing the bankruptcy cas						Debtor's	Spouse's
		ling. If the amount of monthly income varied onth total by six, and enter the result on the			iths,	you must divide the		Income	Income
		-							
3		s wages, salary, tips, bonuses, overtime, co					\$		\$
		ne from the operation of a business, profes							
		the difference in the appropriate column(s) cess, profession or farm, enter aggregate num							
		nter a number less than zero. Do not include							
4		b as a deduction in Part V.	_			•	_		
		1		Debtor		Spouse			
	a.	Gross receipts	\$			\$			
	b. c.	Ordinary and necessary business expenses Business income	\$	Legion betract Line b fr	om I	ino o	\$		¢
	_						Ф		\$
	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any								
	part of the operating expenses entered on Line b as a deduction in Part V.								
5	Debtor Spouse								
	a.	Gross receipts	\$			\$			
	b.	Ordinary and necessary operating expenses				\$			
	c.	Rent and other real property income	Su	btract Line b fr	om I	ine a	\$		\$
6	Inter	est, dividends, and royalties.					\$		\$
7	Pensi	ion and retirement income.					\$		\$
		amounts paid by another person or entity,							
8		nses of the debtor or the debtor's depender							
Ü	purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column;								
	if a payment is listed in Column A, do not report that payment in Column B.						\$		\$
	Unen	nployment compensation. Enter the amount	in th	e appropriate c	olun	nn(s) of Line 9.			
		ever, if you contend that unemployment com							
9		it under the Social Security Act, do not list to but instead state the amount in the space bel		nount of such c	omp	ensation in Column A			
		<u> </u>	ow.				1		
		mployment compensation claimed to benefit under the Social Security Act Debte	or \$		Spo	ouse \$	\$		\$
	_	ne from all other sources. Specify source an	nd on	nount If no age	Ŷ		Ψ		Ψ
		separate page. Do not include alimony or se							
		se if Column B is completed, but include al							
		tenance. Do not include any benefits receive							
10		wed as a victim of a war crime, crime against	hum	anity, or as a vi	ctim	of international or			
10	uome	estic terrorism.	г	Debtor		Spouse	ıl		
	a.		\$	Dentoi		\$ spouse			
	b.		\$			\$			
		and enter on Line 10	•				\$		\$
11		otal of Current Monthly Income for § 707(h)(7). Add Lines 3 t	thru	10 in Column A and if			*
11		mn B is completed, add Lines 3 through 10 is					\$		\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.					
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the nu enter the result.	mber 12 and \$				
14	Applicable median family income. Enter the median family income for the applicable state and house (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankrupto					
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$				
15	 Application of Section 707(b)(7). Check the applicable box and proceed as directed. □ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of the complete Parts IV. 	•				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
	Part IV. CALCULA	ATION OF CUR	RREN	MONTHLY INCOM	ME FOR § 707(b)(2	2)
16 Enter the amount from Line 12.						\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	a. b.			\$ \$		
ı	c.			\$		
	d.			\$		
	Total and enter on Line 17					\$
18	Current monthly income for § 70'	7(b)(2). Subtract Lin	ne 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Sta	andard	s of the Internal Revenu	ne Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tay return plus the number of any additional dependents whom					
	Persons under 65 year	s of age		Persons 65 years of age	or older	
	a1. Allowance per personb1. Number of persons		a2.	Allowance per person Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is					
	any additional dependents whom yo	ou support.				\$

20B	not enter an amount less than zero.						
	a. IRS Housing and Utilities Standards; mortgage/rental expenseb. Average Monthly Payment for any debts secured by your	\$					
	home, if any, as stated in Line 42	\$					
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$				
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.						
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	s or for which the operating expenses are					
	□ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Catandards: Transportation for the applicable number of vehicles in the applicable number of vehicles in the applicable number.	\$					
	Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more.						
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy or Monthly Payments for any debts secured by Vehicle 1, as stated in Line the result in Line 23. Do not enter an amount less than zero.	ourt); enter in Line b the total of the Average					
	, ,	\$					
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$					
		Subtract Line b from Line a.	\$				
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.						
		\$					
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$					
	2, as stated in Line 42	Subtract Line b from Line a.	\$				
	Other Necessary Expenses: taxes. Enter the total average monthly exp						
25	state and local taxes, other than real estate and sales taxes, such as inco						
	security taxes, and Medicare taxes. Do not include real estate or sales	\$					

B22A (Official Form 22A) (Chapter 7) (12/10)

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26		or employment. Enter the total average monthly payroll as retirement contributions, union dues, and uniform costs. tary 401(k) contributions.	\$			
27	Other Necessary Expenses: life insurance. Enter total life insurance for yourself. Do not include premiums fany other form of insurance.	\$				
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative ag include payments on past due obligations included in	\$				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and p	average monthly amount that you actually expend on reschool. Do not include other educational payments.	\$			
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.					
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.					
	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your					
34	dependents.					
	a. Health Insurance	\$				
	b. Disability Insurance	\$				
	c. Health Savings Account	\$	\$			
	Total and enter on Line 34. If you do not actually expend this total amount, state below: \$	your actual total average monthly expenditures in the space				
35		family members. Enter the total average actual monthly le and necessary care and support of an elderly, chronically f your immediate family who is unable to pay for such	\$			
36	Protection against family violence. Enter the total averactually incurred to maintain the safety of your family u other applicable federal law. The nature of these expenses	ander the Family Violence Prevention and Services Act or	\$			
37	Standards for Housing and Utilities, that you actually ex	mount, in excess of the allowance specified by IRS Local spend for home energy costs. You must provide your case and you must demonstrate that the additional amount	\$			
38	Education expenses for dependent children less than actually incur, not to exceed \$147.92* per child, for atte school by your dependent children less than 18 years of documentation of your actual expenses, and you mus necessary and not already accounted for in the IRS S	andance at a private or public elementary or secondary age. You must provide your case trustee with t explain why the amount claimed is reasonable and	\$			
	1					

 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense expenses exceed the combined allowa Standards, not to exceed 5% of those or from the clerk of the bankruptcy coreasonable and necessary.	\$				
40	Continued charitable contributions, financial instruments to a charitable o	\$				
41	Total Additional Expense Deduction	\$				
		Subpart C: Deductions for De	bt Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.		\$	□yes □no		
			Total: Add Lines		\$	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount					
	a.		\$ 	otal: Add Lines	\$	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as					
		If you are eligible to file a case under the amount in line b, and enter the re				
45	issued by the Executive Office information is available at wy the bankruptcy court.)	hapter 13 plan payment. strict as determined under schedules e for United States Trustees. (This ww.usdoj.gov/ust/ or from the clerk of ive expense of Chapter 13 case	x Total: Multiply Lin	no o and h	c	
16				es a and b	\$	
46	-	Enter the total of Lines 42 through 45			\$	
Subpart D: Total Deductions from Income 47 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
47		- ,,,,,		ET ON	\$	
	T	ETERMINATION OF § 707(I		ITON	T .	
48	· ·	rrent monthly income for § 707(b)(2	**		\$	
49		tal of all deductions allowed under §		1.	\$	
50		707(b)(2). Subtract Line 49 from Line			\$	
51	60-month disposable income under result.	§ 707(b)(2). Multiply the amount in L	ine 50 by the number	60 and enter the	\$	

	Initial presumption determination. Check the applicable box and proceed as directed.		
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.		
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.		
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt		\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.		\$
55	Secondary presumption determination. Check the applicable box and proceed as directed.		
	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.		
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.		
	Part VII. ADDITIONAL EXPENSE	E CLAIMS	
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.		
	Expense Description	Monthly Amou	nt
	a.	\$	
	b.	\$	
	c.	\$	
	d.	\$	
	Total: Add Lines a, b, c, and d	\$	
	Part VIII. VERIFICATIO	N	
57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)		
	Date: December 5, 2011 Signature: /s/ Robert Matthew Tyner		
		Robert Matthew Tyner (Debtor)	

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.